

INFORMATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: QUANTITATIVE PULMONARY IMAGING
Attorney Docket Number:: 22253-70649
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 4
Small Entity?:: No
Petition Included?:: No
Licensed US Govt. Agency:: National Institutes of Health
Contract or Grant Numbers One:: K23 HL04486
Contract or Grant Numbers Two:: RR02305
Contract or Grant Numbers Three:: R01-HL-64741
Secrecy Order in Parent Appl.?:: No

Inventor Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name::
Family Name:: BAUMGARDNER
Name Suffix::
Postal Address Line One:: 131 Milmont Avenue
City:: Milmont Park
State or Province:: Pennsylvania
Country:: US
Postal or Zip Code:: 19033
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: LIPSON
Name Suffix::
Postal Address Line One:: 945 Cloverhill Road
City:: Wynnewood
State or Province:: Pennsylvania
Country:: US
Postal or Zip Code:: 19096

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rahim
Middle Name::
Family Name:: RIZI
Name Suffix::
Postal Address Line One:: P.O. Box 980
City:: Montgomeryville
State or Province:: Pennsylvania
Country:: US
Postal or Zip Code:: 18936
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: ROBERTS
Name Suffix::
Postal Address Line One:: 417 Yorkshire Way
City:: Rosemont
State or Province:: Pennsylvania
Country:: US
Postal or Zip Code:: 19010
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mitchell
Middle Name::
Family Name:: SCHNALL
Name Suffix::
Postal Address Line One:: 6 Michaels Way
City:: Broomall
State or Province:: Pennsylvania
Country:: US
Postal or Zip Code:: 19008

Correspondence Information

Correspondence Customer Number::

Firm Name: DILWORTH PAXSON LLP
Street: 1735 Market Street
City: Philadelphia
State or Province: Pennsylvania
Country: US
Postal or Zip Code: 19103
Telephone No. (215) 575-7000
Facsimile No. (215) 575-7200

Representative Information

Designation:: Registration No:: Name::
Primary 35,279 Evelyn H. McConathy
Associate

Domestic priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
This Application NonProvisional of 60/267,282 02/08/2001

Prior Foreign Applications

Foreign Application One::

Filing Date::
Country::
Priority Claimed::

Assignee Information

Assignee name:: The Trustees of the University of
Pennsylvania
Street: 3700 Market Street—Suite 300
City: Philadelphia
State or Province: Pennsylvania
Country: US
Postal or Zip Code: 19104